

## REMARKS

1. Allowed Claims

Applicant acknowledges with thanks the Examiner's indication of allowed claims 9-20. These claims have not been amended.

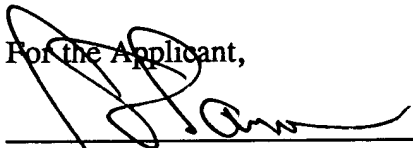
2. Cancellation of Claims 1-8

Claims 1-8 have been canceled in this application. Applicant reserves the right to file a continuation application incorporating these claims.

3. Conclusion

With cancellation of claims 1-8, applicant respectfully submits that this application is now in condition for allowance. Notification of the same is requested. If any questions regarding the application arise, please contact the undersigned attorney. Telephone calls related to this application are welcome and encouraged. The Commissioner is authorized to charge any fees or credit any overpayments relating to this application to deposit account number 18-2055.

For the Applicant,

  
Charles S. Sara, Reg. No. 30,492  
DEWITT ROSS & STEVENS, S.C.  
Firststar Financial Centre  
8000 Excelsior Drive, Suite 401  
Madison, Wisconsin 53717-1914  
Telephone: (608) 831-2100  
Facsimile: (608) 831-2106

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Date of Deposit: November 10, 2004

Signature: Marilyn L. Hansen

ATTACHMENT: Amendment Sheet